## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

Mailing Address

2133 AMADOR PLACE

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300004755

1. Corporation Name

Principal Place of Business

2133 AMADOR PLACE

G.S.W. SECURITY SERVICES, INC.

OVIEDO FL 32	OVIEDO FL 32765-6134 OVIEDO FL 32765-6134				
US US		US			DO NOT WRITE IN THIS SPACE
-6-7					3. Date Incorporated or Qualifed
15 - i					01/21/1993
2 Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
26		26	6		<b>59-3163634</b> Not Applicable
- Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
iri City & State		City & State	City & State		6. Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country Zip Cou		Country		8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax.   ▼Yes □ No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
				Name	
WATTMAN, GARY S			82	Etroot	Address (P.O. Box Number is Not Acceptable)
2133 AMADOR PLACE			02	Sileet	Address (F.O. Box Number is Not Acceptable)
; OVIE	EDO FL 32765-6134		83		
, 5	•		L		্ৰ প্ৰতিষ্ঠান কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব
7.0			84	City	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SONATURE					
12	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re ID DIRECTORS	13.	it signature r	equired when reinstating)  DATE  ADDITIONS (CHANGES TO DESIGNED AND DIRECTORS AND DIRE
TO LE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
	WATTMAN, GARY S	_ BEEE 1E			Change [] Modition
	2133 AMADOR PL.		1.2 NAME		ļ
STREET ADDRESS			1.3 STREET		
CRTY-ST-ZIP	OVIEDO FL 32765-6134		1.4 CITY-S	r-zip	
inte"		☐ DELETE	2.1 TITLE		Change Addition
NAME !			2.2 NAME		
STREET ADDRESS			2.3 STREET	ADDRESS	
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	
TITLE .		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		•	3.2 NAME		
STREET ADDRESS			3.3 STREET	ADORESS	
CITY-ST-ZIP	•		3.4. CITY-S	T-ZIP	
TITLE					☐ Change ☐ Addition
NAME		☐ DELETE	4.1 TITLE		
i		☐ DELETE	4.1 TITLE 4. 2 NAME		Charge 1 Account
STREET ADDRESS		☐ DELETE	4. 2 NAME	ADDRESS	
1 2		∐ DELETE	4. 2 NAME 4.3 STREET		
CITY-ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREET 4.4 CITY- ST		
1 2			4. 2 NAME 4.3 STREET		Change Addition
CITY-ST-ZIP			4. 2 NAME 4.3 STREET 4.4 CITY- ST 5.1 TITLE 5.2 NAME	-ZIP	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	-ZIP ADDRESS	
CTTY-ST-ZIP TTT_E NAME INT A STREET ADDRESS CTM ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	-ZIP ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	-ZIP ADDRESS	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE 6.2 NAME	-ZIP ADDRESS -ZIP	Change Addition
CITY-ST-ZIP TITLE NAME TITLE STREET ADDRESS CITY ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	-ZIP  ADDRESS -ZIP  ADDRESS	Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90010 011 \*\*\*150.00